

Work Order ID 67122

Wednesday, March 09, 2011 8:12:19 AM



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Item ID:	D4210-9	Accept		Setup	Start	
Revision ID:	PRELIM				Stop	
Item Name:	Screw					
Start Date:	3/9/2011	Start Qty:	100.00	Cust Item ID:		
Required Date:	3/14/2011	Req'd Qty:	100.00	Customer:		
Reference:						

Approvals:	Process Plan:	<u>CZ</u>	Date:	<u>11/03/09</u>	Tooling:		Date:		Run	Start	
	QC:		Date:		SPC (Y/N):		Date:			Stop	

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D4210	PA4								

100
 PURCHASING 0.00
 Purchasing Memo 0.00
 Purchasing Issue P/O: 13631
 Purchase Part Number 592119
 Supplier: ACKLANDS(BRIGHTON BEST)
 Certificate of conformity is required

CZ 11/03/09 100

110
 Receive & Inspect for Damage & Mat'l Certs 0.00
 Packaging Memo 0.00
 Packaging Ensure certificate of conformity is attached

11/13/09 100

120
 QC6- Inspect dimensions to drawing 0.00
 QC Memo 0.00
 Quality Control

POSITIVE
RECALL
 - inspect to PA4
 Dry only
 Substg

count
1100

CERTIFICATE OF CONFORMITY
 REQ'D UPON DELIVERY

PRELIMINARY ISSUE

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Work Order ID 67122

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Item ID: D4210-9

Accept



Setup Start



Revision ID: PRELIM

Stop



Item Name: Screw

Start Date: 3/9/2011 Start Qty: 100.00



Cust Item ID:

Required Date: 3/14/2011 Req'd Qty: 100.00



Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start



Stop



Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

150

Identify as per dwg & Stock Location: *Prod*

0.00



Packaging

Memo

Shelf

0.00

Packaging

Prod
11-03-28

100

Prod

160

QC21- Final Inspection - Work Order Release

0.00



QC

Memo

Quality Control

0.00

Prod 11-06-9
100
Eck

RD 2334

RD 1344

POSITIVE RECALL

EFFECTIVE *11-03-09* AUTH *LL*

RELEASED _____ DATE _____

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Picklist Print

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Wednesday, March 09, 2011 8:12:13 AM

Work Order ID: 67122



Parent Item: D4210-9



Parent Item Name: Screw



Start Date: 3/9/2011

Required Date: 3/14/2011

Start Qty: 100.00

Required Qty: 100.00

Comments: IPP REV:A NEW ISSUE 11-03-08 JLM VERIFIED BY:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
592119  Set Screw		Purchased	No				Each	0.0000		100		3/14/2011	100

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

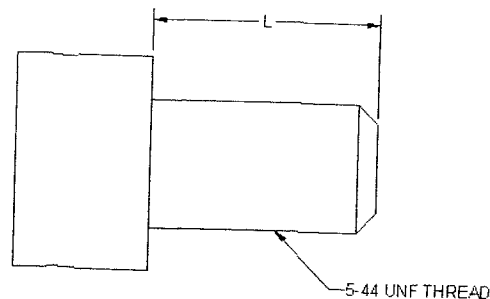
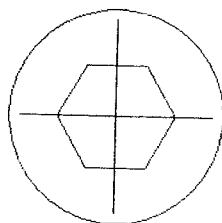
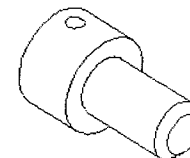
Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

SPECIFICATION CONTROL DRAWING



DART PART NUMBER	DESCRIPTION	SUPPLIER	SUPPLIER PART NUMBER	MATERIAL	FINISHED LENGTH
D4210-9	SCREW	BRIGHTON BEST	592119	18-8 STAINLESS STEEL	0.25

D4210-X SCREW

C211/03/09

W10: 67/22

PRELIMINARY ISSUE

10.09.30

NOTES:

- 1) MATERIAL: SEE TABLE
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY PER QSI 044 6.1
- 7) WEIGHT: 0.00 lbs

DESIGN		DART AEROSPACE LTD HAMMERSBURY, ONTARIO, CANADA	
DRAWN			
CHECKED		DRAWING NO.	REV. PA4
MFG. APPR.		D4210	SHEET 5 OF 5
APPROVED		TITLE	SCALE
DE APPR.		SET SCREW	NTS
DATE	10.09.30	COPY RIGHT © 2010 BY DART AEROSPACE LTD THIS DOCUMENT IS PROPERTY OF DART AEROSPACE LTD AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PO REPRINT

Purchase Order ID PO13631

Purchase Order Date 3/9/2011

PO Print Date 3/9/2011

Page Number 1 of 1

Order From :

VC-ACK001

ACKLANDS - GRAINGER INC.
P.O. BOX 2970
WINNIPEG, MB R3C 4B5
CA

Contact Name

Vendor Phone

613 632 2739

Vendor Fax

613 632 5386

Vendor Account Nbr

Buyer

Chantal Lavoie

Requisition Nbr

Tax Resale Nbr

10127-2607

Terms

Net 30

Currency

CAD

FOB

Destination-Collect

REVISED

Ship To :

DART AEROSPACE LTD

1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req. Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	592119	Set Screw	3/14/2011 Yes	100.00 Each	Yours ppd	\$0.1000	\$10.00
Special Inst:			AS PER DWG D4210 REV. PA4 B67122 BRIGHTON BEST P/N: 592119				

PO Total:

\$10.00

Change Nbr: 2

Change Date: 3/9/2011

No substitution or deviation without
consent.
Certificate of Conformity or Material
Certification required when applicable

FORM 7000-